

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Hila</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>113</u>	
District of _____	ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>618</u>	
Town of <u>Miami</u>		Local Registrar No. _____	
or _____			
City of _____	No. <u>Reynold's Canon</u> St. _____ Ward) _____		
(If birth occurred in a hospital or institution, give its NAME instead of street and number)		If child is not yet named, make supplemental report, as directed	
2. Full name of child <u>Rosa Acuna</u>			
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	5. No., in order of birth. <u>1</u>
6. Legitimate? <u>yes</u>	7. Date of birth <u>Dec. 16, 1922</u>		(Month, day, year)
8. Full name of FATHER <u>Miguel Acuna</u>		14. Full maiden name of MOTHER <u>Librada Salinas</u>	
9. Residence (Usual place of abode) <u>Miami, Ariz.</u>		15. Residence (Usual place of abode) <u>Miami, Ariz.</u>	
If nonresident, give place and State		If nonresident, give place and State	
10. Color or race <u>Mex</u>	11. Age at last birthday <u>20</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>18</u> (Years)
12. Birthplace (city or place) <u>Congress</u>	(State or country) <u>Arizona</u>	18. Birthplace (city or place) <u>Silver City</u>	(State or country) <u>New Mex</u>
13. Occupation <u>Train man in Mine</u>	19. Occupation <u>Housewife</u>		
Nature of Industry		Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>1</u> (b) Born alive but now dead _____ (c) Stillborn _____	
<p align="center">CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.</p> <p>I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>6:20</u> p.m. on the date above stated.</p> <p>(Born alive or stillborn)</p> <p>*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.</p> <p>Signature <u>C. M. Cron M.D.</u> (Physician or midwife)</p> <p>Address <u>Miami, Arizona</u></p> <p>Filed <u>12/23/22</u>, 19 <u>B. N. Hardy</u> Local Registrar.</p> <p>Filed <u>1-5</u>, 1923 <u>B. N. Hardy</u> County Registrar.</p> <p>Given name added from a supplemental report. (Month, day, year) <u>9/11-12/16-329</u> Registrar.</p>			